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AUTHOR McIntyre, Chuck
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ABSTRACT

In 1990, a telephone survey was conducted of health services offered by California's community colleges. Statewide, 42 of the 71 districts in California levied a health service fee, 18 districts offered services without charge, and 11 offered no service. Districts operating programs collected an average of $15.81 in student fees per credit average daily attendance (ADA), while expending $19.42 per ADA per year. Of the 19 colleges surveyed, 13 provided health services to about one-third of their students during the year. The level of services ranged from zero to extensive, with the major determinant being the presence of an hourly physician on staff. Typical staffing consisted of 10 physician hours per month, 1.5 full-time equivalent (FTE) registered nurse, and 1.1 FTE clerical support staff. Barriers to health service implementation included lack of facilities, financial constraints, and difficulty in informing students about available services. Key issues to be addressed at the statewide level included establishing an overall student activity fee to fund student services, developing contingency plans for dealing with unexpected epidemics, and setting minimum qualifications for staffing to protect the quality of service available. A review of eight other large states revealed that none had any statewide requirement for student health service, leaving its provision to local college discretion. Except for Illinois and Florida, few of the local community colleges were known to have on-campus services. The 19 California districts contacted are listed. (JMC)

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CALIFORNIA COMMUNITY COLLEGES

HEALTH SERVICES SURVEY

MAY 1990

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CALIFORNIA COMMUNITY COLLEGES
1107 NINTH STREET
SACRAMENTO, CALIFORNIA 95814
(916) 445-8752

May 4, 1990

R&A Memo No. 90-33

To: Martha Kanter

From: Chuck McIntyre

Subject: HEALTH SERVICE SURVEY

Attached is a summary of the results of our survey of health services in the community colleges. I understand that this information is to be available for a Chancellor's report to the Board on May 11, 1990.

In California, 42 of 71 districts levy a health service fee (limited to $7.50 per student per term); 18 districts offer the service, but levy no fee; and 11 offer no service - though at least 3 of these plan to start providing services.

Health service policies have been erratic. In 1984, fees were eliminated, but services were to be maintained. Fees were reinstated in 1987, with cost overages to be reimbursed by the state. Sixty districts are potentially eligible for such reimbursement, but only one-third have filed. BOGG recipients and, frequently, noncredit students are exempted from the fee.

Thirteen of 19 California community colleges surveyed provide health service to about 1/3 of their students during the year. The existence of physician time on campus appears to be the main variant between colleges. Typical staffing consists of .06 FTE Physician, 1.5 FTE Registered Nurse, and 1.1 FTE supporting staff. Problems include lack of facilities, inability to meet peak demand, and informing students of available services.

A review of eight other large states reveals that none of them has any statewide requirement for student health service, leaving its provision to local college discretion. And, except for Illinois and Florida, few of the local community colleges are known to have on-campus services.

These findings do not indicate any further analysis or particular policy initiative at this time. We suggest that health services and its fee be reviewed when the statute on the enrollment and other fees that sunsets in 1992 is reviewed.

cc: David Mertes
Doug Burris
Bill Cordero
Leonard Shymoniak
Linda Michalowski

Research and Analysis Unit
Chancellor's Office
California Community Colleges
May 1990

HEALTH SERVICES
SURVEY FINDINGS

1. **Statewide revenues and expenditures:** Fiscal data indicate districts statewide collected $8.5 million in health fee revenues from student fees and spent over $10 million from all sources in providing health services.

2. **Objects of expenditures:** Of the total $10 million statewide expenditures in FY 1988-89:
   - $7.7 million (77%) were for salaries and benefits of health services personnel
   - $2.2 million (22%) were for operations, maintenance and support of programs
   - $0.1 million (1%) were for capital outlay

3. **Scope of services statewide:** Of the 71 districts:
   - 11 (16%) did not levy a student fee and did not provide any health services
   - 18 (25%) did not levy student fees and provided some level of services
   - 42 (59%) levied a student fee and provided services

4. **Rate of revenue and expenditure:** Districts operating health service programs collect an average of $15.81 in student fee revenues per credit ADA while expending $19.42 per year. Education Code allows districts to levy a maximum fee of $7.50 per semester per student. Financial aid recipients (BOGG) are exempted from the fee, but are eligible for services. Other students exempted from the fee include those depending exclusively upon prayer for healing, and those attending under an approved apprenticeship training program.

5. **Mandated cost reimbursements:** The Commission on State Mandates has determined that districts incur a state mandated cost if Health Services Fee revenues fall short of the cost of maintaining the level of health services provided in 1986-87. Approximately 60 districts are potentially eligible for payment from the fund. Only one-third of these have filed claims amounting to $1.4 million.

Based on a sample of 19 districts (see list in Table 1), a telephone survey was conducted from which the following findings are summarized:

6. **Reason districts do not provide health services:** Of the six districts in the sample not offering a health services program, the reasons for not providing a program included:
   - Unavailable or inadequate facilities on campus
   - Financial constraints prohibit offering a program
   - Adequate health services are already available in the campus community
   - Many students are believed to have appropriate health insurance coverage
   - Board of Trustees do not see it as a priority and students have not demanded health services

   Three of the five districts that currently do not provide health services are planning to implement a new health services program. Two of these are doing this in conjunction with fundraising for a student center.

7. **Start-up problems:** Major problems mentioned which constrain the start-up of a health services program were the lack of suitable facilities and inadequate fiscal resources.

8. **Alternatives to health services:** Alternatives available to students in need of health services in the six survey districts where the program is not provided are:
   - Referral to existing public and private health facilities in community
   - Purchase of accident insurance for every student by district office
   - Students left to fend for themselves

   The remaining thirteen districts in the sample offered some level of student health services.

9. **Fees charged:** Of these 13 districts, 7 (54%) charged the maximum $7.50 per semester enrollment permitted by Education Code; 4 (31%) charged a lesser fee of $4-$5 per semester student and 2 (15%) levied no fee.

10. **Students exempted from fee:** All 13 districts exempted BOGG financial aid recipients from the fee levy. Noncredit students were the other group most frequently exempted. Other students exempted by at least one district include: welfare recipients, senior citizens, persons covered by health insurance policies, special education/handicapped, and amnesty program students.

11. **Staffing for health services:** Staffing in the typical college offering a health services program consists of:

    Physicians - 10 hours per month, hired hourly
    Registered nurses - 1.5 FTE
    Clerical support - 0.9 FTE

Other - 0.2 FTE psychologists, student assistants, optometrists, nursing aids, etc.

12. **Campus level of services provided:** The level of health services provided ranges from zero (in the eleven districts which have no program) to extensive. The major determinant in the level of services provided is related to the presence of an hourly physician on staff. Those colleges (one-fifth of sample) which have no physician time on campus limit their services to diagnosis for referral purposes only and dispensing of over the counter drugs. Treatment is generally provided only in emergency first aid situations where the nurse usually provides care until medical assistance arrives. Other common roles of the registered nurse is to provide personal counseling in a crisis mental health situation, make preliminary diagnosis and refer the student to the appropriate provider, provide appropriate handout literature to the student, and organize speakers and informational workshops for interested students on campus. These workshops may include anti-smoking, cholesterol testing, blood pressure testing, AIDS information and other similar programs.

    About four-fifths of the sample had physician time available on campus and provided a more extensive array of services. These colleges not only had physician time but typically had more RN staff and clerical support levels. The physician time is generally contract on an hourly basis for about 10 hours per month. Among the services provided by these programs are immunizations, testing communicable diseases, pregnancy testing, and drug prescriptions. If the testing is not done on campus, lab testing is performed at outside labs at minimal or no charge. These programs also tend to provide more short term counseling in areas such as mental health, stress, family planning, substance abuse, crisis intervention, etc. These programs also have more workshops, seminars and guest speakers. As would be expected, the level of service, especially if physicians are available, is greatly dependent on staffing.

13. **Number of students served:** The colleges surveyed reported serving on average 35 students per day, with approximately one-third of the total student body being served at least once during the academic year.

14. **Health services delivery problems:** Major problems experienced in the delivery of health services were:

    - Operating program within available resource limits (which are constrained by exempted students and fixed fee level)
    - Obtaining suitable facilities (sufficient space and desirable location on campus)

- Providing adequate staffing (especially nurses and part-time physicians) to service peak student demand
- Informing students of health services available
- Referring students in need of services who have no income or insurance coverage
- Obtaining student participation at workshops and other educational outreach activities

15. **Possible statewide issues in health services:** Key issues in student health delivery that need to be addressed at statewide level, as perceived by respondents:

    - Establishing an overall student activity fee (adjusted for inflation) to sufficiently fund all student services (including health services)
    - Ensuring that student health services fee revenue is actually spent for approvably health services
    - Developing contingency plans for dealing with unexpected epidemics
    - Obtaining additional general fund money to cover lost revenues from BOGG financial aid recipients and other exempted students
    - Bringing about more uniformity in the systems with respect to provisions for services, types of services available and level of revenue to pay for services rendered
    - Setting minimum qualifications for staffing to protect quality of service and establish criteria for hiring
    - Establish a uniform data system to consistently record activities in student health services
    - Developing statewide policy in dealing with health related crises such as AIDS, drug abuse, etc. and the role of prevention through education
    - Designating someone within the Chancellor's Office as a contact person in heath services for district staff having questions

16. **Health services in other states:** There is no requirement for student health services in any of the other states contacted: Arizona, Florida, Illinois, Maryland, Michigan, New York, Texas and North Carolina. The offering of student health services is at the discretion of local community

colleges and the states, in general, do not direct, coordinate or fund these activities.

Arizona - There are no student health centers or services in Maricopa County Community College District which is the second largest district in the nation. Some of the smaller districts have student health centers.

Florida - Student health services are up to the discretion of the local district and less than half of the districts have a facility. As a result, the health services available in each district range from nothing to very extensive. Colleges are allowed to charge for these services as part of their student activity fee.

Illinois - Although student health services are not required by the state, most colleges do have a student health services program. Fee charges are up to the local district and those which do charge make it part of the student activity fee.

Maryland - Student health services are not required by the state and the state personnel are not aware of any programs in existence.

Michigan - The state only provides funds for instructional support so student health services are up to the local district. State personnel were not aware of any existing programs.

Texas - Student health services are considered by the state as an auxiliary enterprise which the state does not fund. The only programs known to state personnel are limited to a part-time college nurse.

New York - Student health services are not required by the state and most colleges do not have one. The extent of any services available is limited to a part-time nurse.

North Carolina - Student health services are not required and none of the colleges have a program. Students go to their emergency room or their own doctor.

TABLE 1

DISTRICTS CONTACTED IN HEALTH SERVICE SURVEY

1. ANTELOPE
2. CERRITOS
3. CONTRA COSTA
4. FREMONT-NEWARK
5. GLENDALE
6. KERN
7. LOS ANGELES
8. MERCED
9. MT. SAN JACINTO
10. PASADENA
11. REDWOODS
12. SAN BERNARDINO
13. SAN DIEGO
14. SAN JOSE
15. SANTA CLARITA
16. SIERRA
17. SOUTH COUNTY
18. WEST VALLEY
19. YOSEMITE

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